

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 6352	2 Fiscal Year Covered From <div style="text-align: center;">1 / 1 / 2005 Through 12 / 31 / 2005</div>
3 Name and address of person filing Name <u>J Allen</u> <u>Hobart</u> P O Box Bldg Room No if any <u>Suite 301</u> Street <u>14675 Interurban Avenue South</u> City <u>Tukwila</u> State <u>Washington</u> ZIP Code +4 <u>98168</u>	4 Name file number and address of labor organization Name <u>Joint Council of Teamsters No 28</u> Labor Organization File Number <u>001 459</u> P O Box Building and Room Number if any <u>Suite 301</u> Street <u>14675 Interurban Avenue South</u> City <u>Tukwila</u> State <u>Washington</u> ZIP Code +4 <u>98168</u>
5 Position in labor organization <div style="text-align: center; font-size: 1.2em; font-family: cursive;">President</div>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code +4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete (See the section on penalties in the instructions)	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Signed J Allen Hobart</td> <td style="border: none; text-align: center;">On <u>03/31/2005</u></td> <td style="border: none; text-align: center;"><u>206/441-7470</u></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Date</td> <td style="border: none; text-align: center;">Telephone Number</td> </tr> </table>	Signed J Allen Hobart	On <u>03/31/2005</u>	<u>206/441-7470</u>		Date	Telephone Number
Signed J Allen Hobart	On <u>03/31/2005</u>	<u>206/441-7470</u>					
	Date	Telephone Number					

Name of Person Filing <input type="checkbox"/> Allen Hobart	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
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<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p>_____</p> <hr/> <p>11 b Approximate dollar value of such dealing</p> <p>_____</p> <hr/> <p>12 a Nature of interest held or income received</p> <p>_____</p> <hr/> <p>12 b Amount</p> <p>_____</p>
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name Northwest Administrators Inc _____</p> <p>Trade Name if any Washington Teamsters Welfare Trust _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street 2323 Eastlake Avenue East _____</p> <p>City Seattle _____</p> <p>State Washington _____ ZIP Code + 4 98102 3393 _____</p>	<p>14 a Nature of payment</p> <p>Estimated value of food and beverages provided or made available to me by and in connection with my attendance at meetings of the Board of Trustees or otherwise in connection with the performance of my duties as a Union Trustee (02/09-03/29 05/03/2005)</p>
<p>13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p style="text-align: right;">\$100</p>

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u>Western Conf Teamsters Pension Trust Fund</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>2323 Eastlake Avenue East</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98102 3393</u>	14 a Nature of payment Est value of food and beverage of the Board & Committees or reimbursement of transportation/hotel/incidental expenses incurred as a Union Trustee for 01/21 04/08 04/22-04/29 06/16 06/24 07/01-07/22-08/05 08/11-09/15 09/28 10/21 & 12/15/2005
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$9 701

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State <u>Washington</u> ZIP Code + 4 _____	14 a Nature of payment _____
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment _____

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